What are the structural, organizational, or administrative changes needed to establish equity in heart failure treatment, including optimal treatment with GDMT?

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What is Equity for HF?

EQUALITY

EQUITY

https://culturalorganizing.org/the-problem-with-that-equity-vs-equality-graphic/

Three Big Problems in Equity for HF

- Access to care
- Drug prices
- Payment models

Access to Care: Easiest if you're rich, white, and nonrural

Cardiologists per 100,000 Medicare beneficiaries, 2007

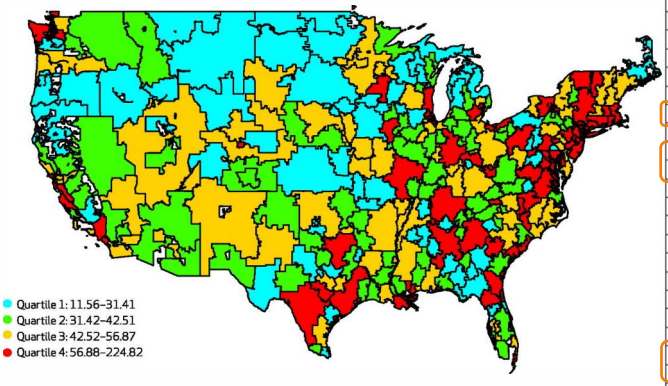

Table 1. Patient Characteristics Stratified by Medication Use

	Overall, N=4216	ACE Inhibitor/ ARB, N=2506	Sacubitril/ Valsartan, N=616	Neither, N=1094	*P* Value
Age in y, mean (SD)	66.1 (12.6)	65.8 (12.4)	62.6 (13.1)	68.9 (12.1)	<0.001
Female sex (%)	1256 (29.8)	766 (28.7)	194 (31.5)	296 (31.4)	0.167
Race (%)					0.013
White	3103 (73.6)	1964 (73.5)	443 (71.9)	696 (74.7)	
Black	731 (17.3)	437 (16.8)	135 (21.9)	159 (16.0)	
Asian	72 (1.7)	49 (1.7)	3 (0.5)	20 (2.5)	
Other	310 (7.4)	200 (8.0)	35 (5.7)	75 (6.9)	
Hispanic ethnicity (%)	719 (17.1)	468 (18.7)	46 (7.5)	205 (18.7)	<0.001
Insurance status (%)					<0.001
Managed care	681 (16.2)	426 (17.0)	125 (20.3)	130 (11.9)	
Private insurance	408 (9.7)	241 (9.6)	73 (11.9)	94 (8.6)	
Medicare	2398 (56.9)	1400 (55.9)	314 (51.0)	684 (62.6)	
Medicaid	372 (8.8)	220 (8.8)	60 (9.7)	92 (8.4)	
Military	134 (3.2)	82 (3.3)	10 (1.6)	42 (3.8)	
Uninsured	93 (2.2)	62 (2.5)	15 (2.4)	16 (1.5)	
Other	129 (3.1)	75 (3.0)	19 (3.1)	35 (3.2)	
Level of education (%)					0.013
<High school	489 (11.6)	281 (11.2)	55 (8.9)	153 (14.0)	
High school/GED	1468 (34.8)	861 (34.4)	205 (33.3)	402 (36.8)	
Some college	1305 (31.0)	792 (31.6)	196 (31.8)	317 (29.0)	
4-year college	545 (12.9)	326 (13.0)	89 (14.4)	130 (11.9)	
Graduate/professional degree	408 (9.7)	246 (9.8)	71 (11.5)	91 (8.3)	
Employment status (%)					<0.001
Full-time, ≥35 h/wk	612 (14.5)	387 (15.4)	125 (20.3)	100 (9.1)	
Part-time, <35 h/wk	306 (7.3)	182 (7.3)	52 (8.4)	72 (6.6)	
Medical disability	1086 (25.8)	641 (25.6)	181 (29.4)	264 (24.1)	
Unemployed	2212 (52.5)	1296 (51.7)	258 (41.9)	658 (60.1)	

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Aneja et al 2011, DeVore et al, 2018

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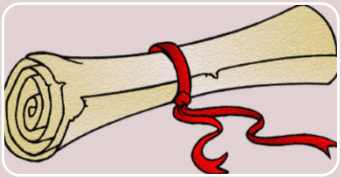
Potential policy solutions to the access problem



Medicaid Expansion

- Improves detection, treatment, and outcomes for cardiovascular risk factors and established cardiovascular disease

Intentional investment in communities of color

- Systemic racism is a critical health issue and will not go away on its own

Telemedicine

- Can get access to specialists without needing physical proximity

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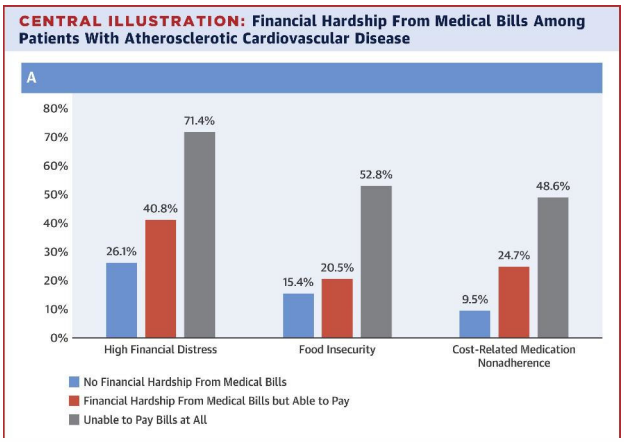
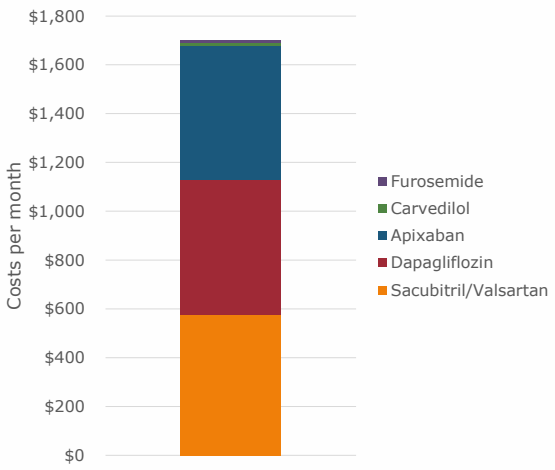
Drug costs: Out of reach for many to most





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Valero-Elizondo et al 2019, Drugs.com

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Potential policy solutions to the drug cost problem

More competition

- International and domestic, length of patent, # generics
- Balance with necessary profits for innovation

Better real-world CE data

- Might not change drug costs, but could change willingness to pay

New payment models

- Models that look at total costs of care could support pricier drugs if they reduce hospitalizations

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Payment models: antiquated & not patient-centered

- Fee-for-service fails to incent innovation and team-based care
  - Inadequate reimbursement for outpatient care means we see innovation in advanced therapies but not care delivery
- No requirement to adhere to GDMT or to measure patient-reported outcomes; push to hard outcomes potentially makes this worse
- No model to handle the tradeoffs of drug costs

Potential policy solutions to the payment problem

Global payment models
- Sorely needed for chronic disease like HF

Put more money in the outpatient setting
- Lack of investment in outpatient care hurts patients

Pay for quality
- Use EMRs to measure and implement high-fidelity systems of care and reward those who succeed

Summary

- Policy has a major role to play in making organizational and structural change towards improving equity in treatment and ultimately outcomes for heart failure
- The timeline is long, but the potential impact is great

Thank you!

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